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THE CANADIAN MEDICAL ASSOCIATION

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REHABILITATION IN MOROCCO

We are becoming accustomed to moving groups of people about the world by air; we are also taking for granted rehabilitation—a word not even used ordinarily until less than two decades ago—in cases of disaster. But even this familiarity does not quite remove the fascination of the rapid and masterful achievement in the rehabilitation scheme carried out and still in operation in Morocco for the assistance of thousands of Moroccans suffering from poisoning with a detergent component of old motor oil. A preliminary report on this was given in our January 16 issue.

The outbreak was quickly traced to the adulteration by unscrupulous traders of cooking oil commonly used by the poorer population, with surplus detergent aviation motor oil. When the first cases of poisoning were reported in the cities, warnings were sent out to destroy the oil, but some of the traders merely shipped it to remote country areas and sold it there. Some of the traders have been jailed and will probably be executed but meanwhile the Moroccan government was faced with the sudden problem of about 10,000 paralytics, many of them quadriplegics.

The government of Morocco and the Moroccan Red Crescent Society appealed for help to the League of Red Cross Societies and to W.H.O., and with characteristic speed and resourcefulness, the Canadian Red Cross Society and its National Commissioner, Dr. W. S. Stanbury, responded by recruiting and dispatching a Canadian team of doctors and physiotherapists. To head this team of experts in physical medicine a happier choice could scarcely have been made than that of Dr. Gustave Gingras, who left his important work in Montreal to contribute his services to a stricken nation.

Dr. Gingras has now returned to Montreal and has given us a preliminary report on his work. He was appointed Senior League Delegate and Medical Liaison Officer to the Moroccan government. Arriving in Rabat on Christmas Eve, he set to work

immediately to organize, to assess, and to direct treatment services under conditions which we can imagine would have dismayed a lesser man. He was joined in the field by small representative groups of doctors and physiotherapists from 17 countries of the Western world including a further Canadian contingent consisting of F/L D. H. Brooks of the R.C.A.F. Medical Branch and five bilingual physiotherapists from Montreal.

Dr. Gingras estimates that about 6% of the people affected are very severely paralyzed, and that they will remain incapacitated for the rest of their lives. At the other end of the scale, 15-20% were assessed as minimally involved and able to resume their customary activities with slight disability. The remainder have moderate to severe muscle damage, mainly in the extremities, and it is this large and scattered group which will repay the best efforts to restore them to health. The mass application of hydrotherapy and dry therapy in a program of muscle re-education has been undertaken in the face of the most primitive conditions and appalling shortages of personnel and facilities, particularly transportation.

To a reader of P. C. Wren, the names of Rabat, Casablanca, Fez and Meknes have a romantic association as well as a suggestion of tropical languor. The actual conditions in mid-winter in Morocco are apparently quite different, and snow, rain, mud and cold recur with depressing frequency in descriptions of the current episode.

The skilled international contingent of persons qualified in physical therapy remains a pitifully small force for what needs to be done. The training of Moroccan nurses and nurses' aids in the rudiments of physiotherapy has already commenced but each such person has to be diverted from an equally useful task in the health service of the nation. A special hospital of 2000 beds, mainly for children, is being created from old French army barracks in the ancient capital, Fez, and here the training of native helpers will proceed.

Prosthetic appliances such as braces and splints are not widely accepted by the patients, and the practical difficulty of attaching a leg brace to the babush or slipper can only dimly be appreciated by those who have not had to attempt it.

Much remains to be done to alleviate the consequences of this situation but a fine start has been made through the international action in which Canada has taken a leading part. Dr. Max Desmarais of Winnipeg has already taken over from Dr. Gingras and will serve for the next four months. Canadian medicine may well be proud of the contribution being made by the men and women who responded so promptly and so ably to the call of the Canadian Red Cross Society for aid to Morocco in her calamity. It is an example of international co-operation in somewhat unusual circumstances and is probably the first occasion on which rehabilitation of this type on this scale has been undertaken.